

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2234
FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glendale</u>		c. CITY OR TOWN <u>Glendale</u>	
Length of stay in 1b <u>33 years</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>122 Cornelia Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>122 Cornelia Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>E.</u> Last <u>STADLER</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/23/93</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	
11. BIRTHPLACE (City and state or country) <u>Caruthersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Franklin Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Curtner</u>	
14. NAME OF HUSBAND OR WIFE <u>Edward H. Stadler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Edward H. Stadler, 122 Cornelia, Glendale, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recurrent Massive coronary thrombosis</u> Interval between ONSET AND DEATH <u>1-2 min.</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> 6 yrs. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-15-54</u> to <u>7-12-63</u> and last saw her alive on <u>4-1-63</u> Death occurred at <u>12:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Philip F. Doisy, M.D.</u>		22b. ADDRESS <u>714 S. Kirkwood Rd. Kirkwood 22, Mo.</u>	
22c. DATE SIGNED <u>7-12-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>7/13/63</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Bopp Chapel, Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-13-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. [Signature]

Licensed Embalmer No.

4512

P. O. Address

Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.